



# Computerized Delivery Sequence (CDS) Customer Application/Renewal Form

Form Due December 31

Please Complete Front and Back

Customer ID:	USPS Use Only	Previous Customer ID:	Initial Qualification Date:
Primary Contact:		Phone:	Fax:
Primary Contact Email Address:			
Secondary Contact:		Phone:	Fax:
Secondary Contact Email Address:			
Company Name:			
Address:			Suite:
City:		State:	ZIP+4:

## BILLING ADDRESS (if different from above)

Billing Contact:	Phone:	Fax:
Company Name:		
Address:		Suite:
City:	State:	ZIP+4:

Do you want your company listed on the USPS Web site ([www.usps.com](http://www.usps.com))? ☐ Yes ☐ No  
If yes, please provide the mailing address and phone number you wish to be listed if different from above.

Address:		Suite:
City:	State:	ZIP+4:
Phone:	Fax:	Email Address/Web Site:

**RENEWALS** - Renewed Computerized Delivery Sequence (CDS) subscriptions will include those ZIP Codes and address groups that the CDS customer is qualified for at the end of the current CDS subscription. CDS subscriptions will only be renewed if all payments due the NCSC are current.

**Privacy Notice** - See our privacy policy on [usps.com](http://usps.com).

☐ I understand that in order to receive future updates, all appropriate fees must be returned and received by the NCSC on or before the due date indicated on the invoice. Failure to meet payment deadlines will result in disqualification.

Customers acknowledge by their signature below that the above named individuals are authorized to act on behalf of their company in matters dealing with the acquisition of CDS file information from the US Postal Service. Customers also acknowledge they understand the terms and conditions outlined in the *Domestic Mail Manual* section 507.8 and in the *CDS Users Guide* as they relate to the qualifications and acquisition of the CDS files.

Printed Name of Authorized Company Representative

Signature of Authorized Company Representative

Date



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Company Name:	Customer ID:
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## Billing Options

☐ Annual Billing

☐ Bi-Monthly Billing (See CDS User Guide for Bi-Monthly Billing criteria)

(Billing option may not be changed after January 1st.)

## Fulfillment Options

Media	Density	Label Option	Character Set	Frequency
<input type="checkbox"/> CD ROM	ISO 9660	----	ASCII	Bi-Monthly
<input type="checkbox"/> Electronic				Weekly*

\* Submission of CDA Web Access form required for access to electronic files

## CDS Customer Supplemental Data Options

### Seed Address Options

Do you rent or lease your list to others?

If Yes, do you want to receive seed addresses from the NCSC?

(See CDS User Guide on Seed Addresses)

Yes	No

### Congressional District Code Options

Do you wish to receive Congressional District Code information for the ZIP

Codes for which you are currently qualified? (No charge)

(See CDS User Guide for information about the Congressional District Code files available to CDS customers)

Yes	No

### CDS No Stat Records

Do you wish to receive CDS No Stat Records information for the ZIP

Codes for which you are currently qualified? (Fee applies) **Available on DVD only**

(See CDS User Guide for information about CDS No Stat Records)

Yes	No

**Mail Form to:** CDS DEPARTMENT  
NATIONAL CUSTOMER SUPPORT CENTER  
6060 PRIMACY PKWY STE 101  
MEMPHIS TN 38188-0001

**Or Fax to:** 901-821-6252

## For USPS Use Only

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Web Access Form Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Folder Set-Up Date: \_\_\_\_\_

Base File Date (Cycle Date): \_\_\_\_\_ Base File Media: \_\_\_\_\_

Transaction Files Start Date: \_\_\_\_\_

Additional Base File Requests (dates): \_\_\_\_\_

Comments/Notes: